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PRICE HENEVELD COOPER DEWITT & LITTON, LLP 695 KENMOOR, S.E. P O BOX 2567 GRAND RAPIDS, MI 49501					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	A	TTORNEY DOCKET NO.	CONFIRMATION NO.	
10/694,027 10/27/2003 Claire Hartmann-Thompson MIC35 P-333 3883 TITLE OF INVENTION: FUNCTIONALIZED PARTICLES FOR COMPOSITE SENSORS								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	OUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300		\$0	\$1055	08/26/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
SIEFKE, SAMUEL P		1797	422-083000					
1. Change of correspond CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-(Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Price, Heneveld, 2 Cooper, DeWitt, 3 & Litton LLP							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Michigan Molecular Institute Midland, MI								
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government								
X Advance Order -	No small entity discount p	permitted)	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 162463 (enclose an extra copy of this form).					
a. Applicant claim	atus (from status indicated as SMALL ENTITY statu ad Publication Fee (if requ	us. See 37 CFR 1.27.	d from anyone other t			ENTITY status. See 37 Cored attorney or agent; or t	FR 1.27(g)(2). the assignee or other party in	
Authorized Signature	W .0 00	tes Patent and Trademark	Office.		_{Date} Augu	st 20, 2010		
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